

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Debra Carrillo for Superior Court		Date of This Filing 05/29/2008	Date Stamp MAY 29 2008	CALIFORNIA FORM 497 For Official Use Only RECEIVED AND FILED in the office of the Secretary of State of the State of California DEBRA BOWEN Secretary of State
AREA CODE/PHONE NUMBER 949-525-6190	I.D. NUMBER (if applicable) 1304860	Report No. 2		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY	STATE	ZIP CODE	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/29/2008	Association of Orange County Deputy Sheriffs PAC (#782021)	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
05/29/2008	Prop 34 PAC United Employee Organization of Orange County (#1261429)	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

*Contributor Codes
 IND -- Individual
 COM -- Recipient Committee (other than PTY or SCC)
 OTH -- Other (e.g., business entity)
 PTY -- Political Party
 SCC -- Small Contributor Committee

Late Contribution Report

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NAME OF FILER
FRIENDS OF TOM RUBINSON FOR JUDGE

AREA CODE/PHONE NUMBER

(213) 489-4792

STREET ADDRESS

I.D. NUMBER (if applicable)

1304462

CITY

STATE

ZIP CODE

Date of
This Filing 05/29/2008

Report No. LCR-80528

☐ Amendment
to Report No. _____
(explain below)

No. of Pages 2

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of the State of California

MAY 29 2008

DEBRA BOWEN
Secretary of State

1 / 2

LATE CONTRIBUTION REPORT

CALIFORNIA
FORM

497

For Official Use Only

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/28/2008 	Marlene Insefsberg ID: Ref: <input type="checkbox"/>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker None	1000.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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Reason for Amendment: _____

Late Contribution Report

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NAME OF FILER
FRIENDS OF TOM RUBINSON FOR JUDGE

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable)

1304462

STREET ADDRESS

CITY

STATE

ZIP CODE

Date of
This Filing _____

Report No. _____

☐ Amendment
to Report No. _____
(explain below)

No. of Pages _____

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in the office of the Secretary of State
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MAY 29 2008

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Secretary of State

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LATE CONTRIBUTION REPORT

CALIFORNIA
FORM

497

For Official Use Only

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: _____

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

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LATE CONTRIBUTION REPORT

NAME OF FILER
Cadiz, Inc.

AREA CODE/PHONE NUMBER

2132711600

STREET ADDRESS

CITY

STATE

ZIP CODE

Date of This Filing 5/29/08

Date Stamp

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No. of Pages 2

MAY 29 2008

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Secretary of State

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Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
1	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
1	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
1	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

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OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Reason for Amendment:

Date Stamp

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

001/002
May 29 2008 18:13
KAUFMAN DOWNING LLP
05/29/2008 18:11 FAX 12134526575

Late Contribution Report

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2 of 2

NAME OF FILER
Cadiz, Inc.

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable)

STREET ADDRESS

CITY

STATE

ZIP CODE

Date of
This Filing

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the State of California

MAY 29 2008

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Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/28/2008 	Hansberger for Supervisor ID: 951669	Dennis Hansberger Board of Supervisors County San Bernardino Ballot: Dist: 03	5000.00	06/03/2008
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment:

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497 Contribution Report

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497 CONTRIBUTION REPORT

NAME OF FILER Thomas V. Girardi		Date of This Filing 05/29/2008	Date Stamp in the office of the Secretary of State of the State of California	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER (213) 977-0211	I.D. NUMBER (If applicable) 496126	Report No. 393	MAY 29 2008	For Official Use Only
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		R
CITY	STATE	ZIP CODE	No. of Pages 1	

DEBRA BOWEN
Secretary of State

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (OF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/28/2008	Bob Blumenfield for Assembly (#1294888)	Robert Blumenfield State Assembly Person Assembly District : 40	3,600.00	06/03/2008
05/28/2008	Friends of Lloyd Levine (#1278106)	Lloyd Levine State Senator Senate District : 23	3,600.00	06/03/2008

Reason for Amendment: _____

FPPC Form 497 (November/07)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

05/29/2008

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May 29 2008 14:21

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497 Contribution Report

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497 CONTRIBUTION REPORT

NAME OF FILER Erika Girardi		Date of This Filing 05/29/2008	Date Stamp MAY 29 2008	RECEIVED AND FILED in the office of the Secretary of State of the State of California DEBRA BOWEN Secretary of State R
AREA CODE/PHONE NUMBER (213) 977-0211	I.D. NUMBER (if applicable) 1267617	Report No. 394	CALIFORNIA FORM 497 For Official Use Only	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		
		No. of Pages 1		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/28/2008	Bob Blumenfield for Assembly (#1294888)	Robert Blumenfield State Assembly Person Assembly District : 40	3,600.00	06/03/2008
05/28/2008	Friends of Lloyd Levine (#1278106)	Lloyd Levine State Senator Senate District : 23	3,600.00	06/03/2008

Reason for Amendment: _____

FPPC Form 497 (November/07)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

05/29/2008

13:21

OLSON, HAGEL

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NO. 496

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May 29 2008 15:52

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May 29 08 02:23p

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497 Contribution Report

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NAME OF FILER Mike Bartlett for Judge		Date of This Filing 05/29/2008	Date Stamp MAY 29 2008	497 CONTRIBUTION REPORT
AREA CODE/PHONE NUMBER 949-370-0740	I.D. NUMBER (if applicable) 1303459	Report No. 3	RECEIVED AND FILED in the office of the Secretary of State of the State of California	CALIFORNIA FORM 497
STREET ADDRESS		Amendment to Report No. (explain below)		For Official Use Only
CITY	STATE	ZIP CODE	No. of Pages 1	DEBRA BOWEN Secretary of State

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/29/2008	Maureen Callahan	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Borchard & Callahan	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

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OTH - Other (e.g., business entity)
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497 CONTRIBUTION REPORT

NAME OF FILER The Committee to Elect Mark Hood Judge		Date of This Filing 5/29/08	Date Stamp MAY 29 2008	CALIFORNIA FORM 497 For Official Use Only R
AREA CODE/PHONE NUMBER 831-869-1837	I.D. NUMBER (if applicable) 1304980	in the office of the Secretary of State of the State of California Report No. 60801		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1		
CITY	STATE	ZIP CODE	DEBRA BOWEN Secretary of State	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
5/28/08	Mark Hood	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy District Attorney County of Santa Clara	10,000.00 <input checked="" type="checkbox"/> Check if Loan -0- % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____ % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____ % Provide interest rate

Reason for Amendment: _____

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NAME OF FILER Chemtura Corporation		Date of This Filing 05/28/2008	Date Stamp MAY 29 2008	LATE CONTRIBUTION REPORT CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER 765-497-6319	I.D. NUMBER (if applicable) 1306232	Report No. 001	in the office of the Secretary of the State of California	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)	For Official Use Only	
CITY	STATE	ZIP CODE	DEBRA BOWEN Secretary of State	
		No. of Pages 1	R	

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/28/2008	Jim Sanders For Supervisor District 2 ID: 1305922	Jim Sanders Supervisor Merced County District: 2	1000.00	

Reason for Amendment: _____

497 Contribution Report

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497 CONTRIBUTION REPORT

NAME OF FILER Robert Faigin for Superior Court Judge		Date of This Filing 5/29/08	Date Stamp MAY 29 2008	RECEIVED AND FILED in the office of the Secretary of State of the State of California DEBRA BOWEN Secretary of State R
AREA CODE/PHONE NUMBER 213-489-4792	I.D. NUMBER (if applicable) 1303855	Report No. 1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
5/28/08	Robert Faigin	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sheriff's Chief Attorney Sheriffs Dept	2,500.00 <input checked="" type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

*Contributor Codes
 IND - Individual
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 OTH - Other (e.g., business entity)
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 SCC - Small Contributor Committee

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Late Contribution Report

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NAME OF FILER Committee To Re-Elect Judge Ralph W Dau		Date of This Filing 05/28/2008	RECEIVED AND FILED Date Stamp MAY 29 2008 DEBRA BOWEN Secretary of State 1/2	LATE CONTRIBUTION REPORT CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (818) 260-0669	I.D. NUMBER (if applicable) 1304586	Report No. 003		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/28/2008 	Patrick Lynch ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher Patrick Lynch	1000.00
05/28/2008 	Lawrence Sheehan ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	1000.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment: _____

Late Contribution Report

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NAME OF FILER

Committee To Re-Elect Judge Ralph W Dau

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable)

1304586

STREET ADDRESS

CITY

STATE

ZIP CODE

Date of
This Filing

Report No.

☐ Amendment
to Report No. _____
(explain below)

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MAY 29 2008

DEBRA BOWEN
Secretary of State

2 / 2

LATE CONTRIBUTION REPORT

CALIFORNIA
FORM 497

For Official Use Only

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
1	ID:	Ballot: Dist:		
1	ID:	Ballot: Dist:		
1	ID:	Ballot: Dist:		
1	ID:	Ballot: Dist:		

Reason for Amendment: _____

MISC

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Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER Orange County Victory Fund		Date of This Filing 05/28/2008	Date Stamp MAY 29 2008	CALIFORNIA FORM 497 For Official Use Only R
AREA CODE/PHONE NUMBER (818) 260-0669	I.D. NUMBER (if applicable) 1267763	RECEIVED AND FILED in the office of the Secretary of State of the State of California		
STREET ADDRESS		Report No. 001	<input type="checkbox"/> Amendment to Report No. (explain below)	
CITY	STATE	ZIP CODE	No. of Pages 1	

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/28/2008	Yes On Measure H Irvine	Yes on Measure H Irvine H City of Irvine	6500.00	

Reason for Amendment: _____

May 29 2008 11:48 AM
6618619781
FRANK BUTKIEWICZ

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Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER Frank Butkiewicz		Date of This Filing 5/29/08	Date Stamp RECEIVED AND FILED in the office of the Secretary of the State of California MAY 29 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (661) 861-9788	I.D. NUMBER (if applicable) 1304430	Report No. 1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE	No. of Pages 1	R

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE ¹	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
5/29/08	Service Employees International Union Local 521 Candidate PAC ID#1297708	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00 <input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan

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PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment: _____

(AND) 01/01 PAGE 01/01 MAY 29 2008 10:51 BRUNNI 6615882991 04:31 05/29/2008

14:11 pm "our power is out - can't receive faxes right now."

MISC

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Late Contribution Report

(916) 653-5299 State fax

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NAME OF FILER Matt Brady For Judge		Date of This Filing 5/29/08	RECEIVED AND FILED in the office of the Secretary of the State of California MAY 29 2008 DEBRA BOWEN Secretary of State	LATE CONTRIBUTION REPORT CALIFORNIA FORM 497 For Official Use Only	
AREA CODE/PHONE NUMBER (661) 324-7500	I.D. NUMBER (if applicable) 1304933	Report No. 2			
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)			
CITY _____	STATE _____ ZIP CODE _____	No. of Pages 1			

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
5/28/08	Kern Refuse Disposal, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	1000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan

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PTY - Political Party
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Reason for Amendment: N/A late contribution

497 Contribution Report

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NAME OF FILER James M. Syar, Denton L. Syar, Greentree Properties LLC		Date of This Filing 5/29/08	RECEIVED AND FILED in the office of the Secretary of State of the State of California MAY 29 2008 DEBRA BOWEN Secretary of State	497 CONTRIBUTION REPORT
AREA CODE/PHONE NUMBER 707-252-8711	I.D. NUMBER (if applicable)	Report No. 2		CALIFORNIA FORM 497
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		For Official Use Only
CITY	STATE	ZIP CODE		
		No. of Pages 1		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
5/28/08	Citizens & Business for a Sound Environment & Economy c/o Nielsen & Merksamer		\$5,000	

Reason for Amendment: _____

May 29 2008 9:39

FAX No. 7072572630

MAY/29/2008/THU 08:42 AM Syar Industries Inc.

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Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER Law Offices of Stephen M. Garcia; Stephen M. Garcia		Date of This Filing 05/29/2008	Date Stamp MAY 29 2008	497 CONTRIBUTION REPORT CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (562) 983-8090	I.D. NUMBER (if applicable) 1259722	Report No. 416	RECEIVED AND FILED in the office of the Secretary of State of the State of California DEBRA BOWEN Secretary of State	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY	STATE	ZIP CODE	No. of Pages 1	R

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/29/2008	Friends of Bill Monning (#1297946)	Bill Monning State Assembly Person Assembly District : 27	2,000.00	06/03/2008
05/29/2008	Friends of Richard Holoher (#1267530)	Richard Holoher State Assembly Person Assembly District : 19	2,000.00	06/03/2008
05/29/2008	Marty Block for State Assembly (#1294013)	Marty Block State Assembly Person Assembly District : 78	3,600.00	06/03/2008

Reason for Amendment: